

Hearing Officer / Board of Adjustment

City of Tempe
Development Services
31 East Fifth Street
Tempe, AZ 85280-5002
480-350-8331 TDD 480-350-8400



(Please Type or Print in Black Ink)

PROPERTY OWNER:

Name: _____

Address: _____ Phone: _____

City / State / Zip: _____ Fax: _____

Email: _____

OTHERS TO BE NOTIFIED:

Name: _____

Address: _____ Phone: _____

City / State / Zip: _____ Fax: _____

Email: _____

I have read the procedure for applying for a variance/use permit and understand that if my application is not complete in all respects, it will not be scheduled until such time as it is complete. I also understand that I or my representative must be present at the meeting. All required fees are due when application is submitted

Applicant's Signature	Date	Property Owner's Signature (or Letter of Authorization)	Date
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REQUEST: ☐ Use Permit ☐ Zoning Administrator's Opinion ☐ Variance

PROPERTY DESCRIPTION:

Zoning District _____ Lot Size _____

Parking Required _____ Parking Provided _____

Existing Building Area _____ New Building Area _____

Max Bldg. Height Allowed _____ Bldg. Height Requested _____

Setbacks Provided: _____
Front Side Rear Side Street

The following item(s) shall be verified prior to processing:

Parking spaces required per ordinance:	_____	Building Safety (Plans Examiner's Signature)
Actual parking spaces available on the site	_____	Date: _____
per the property record card:	_____	
Parking spaces requested by applicant:	_____	

For Department Use Only

Required Item Check List

<input type="checkbox"/> Letter of Explanation/Intent/Justification	<input type="checkbox"/> 8.5" x 11" Scaled Floor Plan	_____	_____
<input type="checkbox"/> Mailing Labels	<input type="checkbox"/> 8.5" x 11" Scaled Elevation	Staff Member	Date Submitted
<input type="checkbox"/> Ownership Map	<input type="checkbox"/> 8.5" x 11" Scaled Site Plan	_____	_____
<input type="checkbox"/> Ownership List	<input type="checkbox"/> 24" x 36" Scaled Site Plan	Deadline Date	Hearing Date
<input type="checkbox"/> Signed Affidavit	<input type="checkbox"/> Photographs	_____	_____
		Case #	Application Fee/Check #

NOTE: APPLICANT OR REPRESENTATIVE MUST ATTEND PUBLIC MEETING
ALL 8.5"x11" PLANS MUST BE EITHER LASER PRINT OR MAT FINISH PMT WITH FONT SIZE AT 6 POINT